



# **DEPARTMENT OF VETERANS AFFAIRS**

Mark Shelhorse MD  
Acting Deputy Chief Officer for  
Mental Health for  
Patient Care Services

March 17, 2006



# Financing Mental Health Care

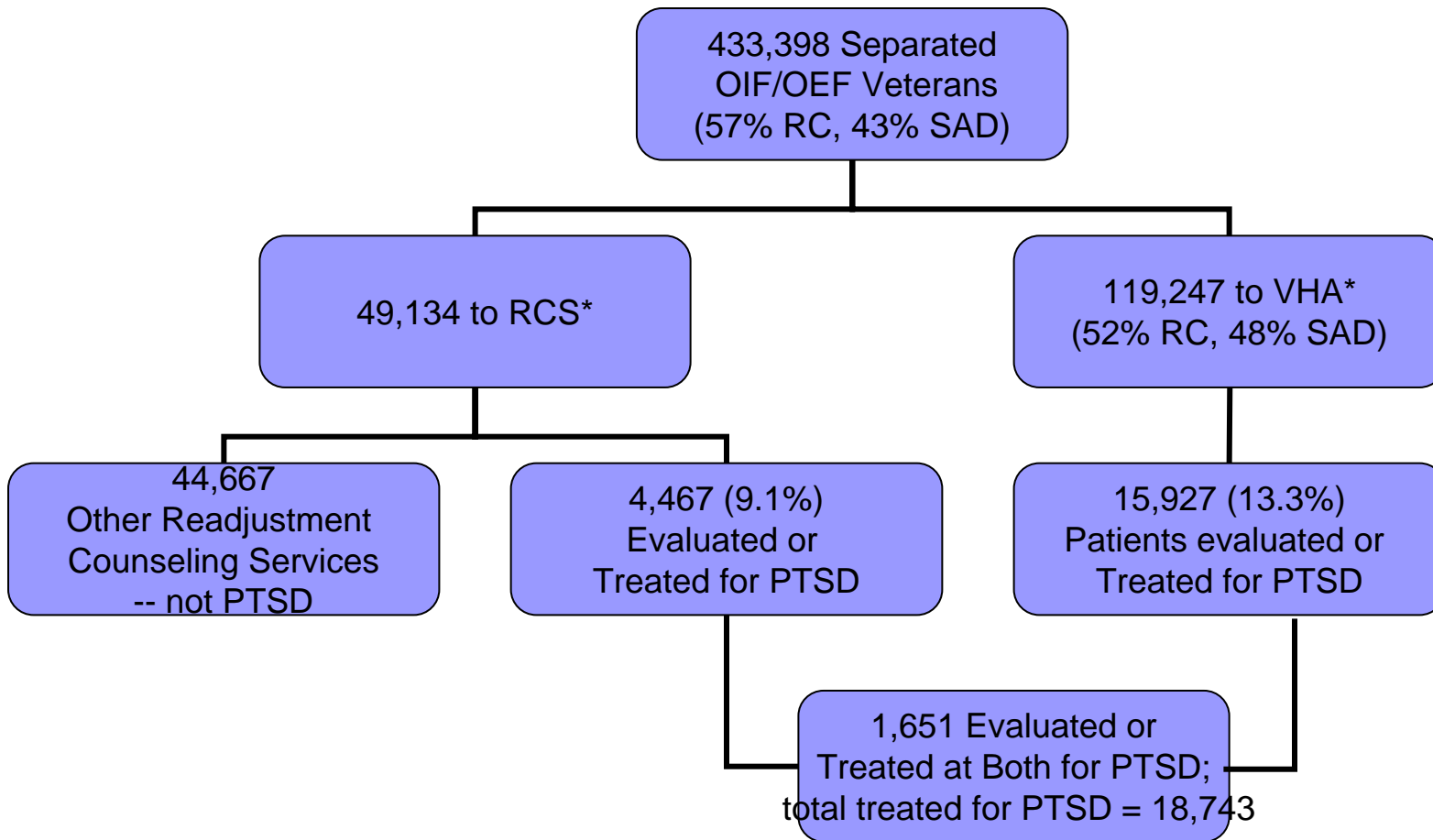
- Overall budget: \$3.2 billion for MH
- FY05 MH enhancement allocation: \$100 million
- FY06 MH enhancement allocation: \$100 million recurring plus \$100 million
- Proposed FY07 MH enhancement allocation: \$306 million



# Financial Support Realities

- Congress approves the VA budget and has information on the MH component
- Thus, the American people (YOU) support this VA MH care
- Two implications for VHA:
  - Provide the best possible MH care to veterans
  - Be good stewards of this funding

# PTSD Presentations to VA



\*Approximately 153,603 separated OIF/OEF unique veterans presented to RCS, VHA medical facilities or both

- 18,743 (~12.2%) of 153,603 separated OIF/OEF unique veterans presented to RCS, VHA medical facilities or both with a potential diagnosis of PTSD

Abbreviations & Notes: RC – Reserve Components, SAD – Separated Active Duty, RCS – Readjustment Counseling Service (Vet Centers)



# ***Frequency of Possible Mental Disorders Among Iraq and Afghan Veterans\****

Disease Category ICD Code	Number Southeast Asian War Veterans**
PTSD (ICD-9CM 309.81)+	15,927
Nondependent Abuse of Drugs (ICD 305)	13,888
Depressive Veterans (311)	11,100
Neurotic Disorders (300)	9,055
Affective Psychoses (296)	5,820
Alcohol Dependence Syndrome (303)	2,321
Sexual Disorders (302)	1,527
Special Symptoms, Not Elsewhere Classified (307)	1,414
Acute Reaction to Stress (308)	1,170
Drug Dependence (304)	975

■ Note – ICD diagnoses used in these analyses are obtained from computerized administrative data. Although diagnoses are made by trained healthcare providers, about one-third of coded diagnoses may not be confirmed because when initially coded the diagnosis is “rule-out” or provisional, pending further evaluation.

\*\* A total of 36,893 unique patients received a diagnosis of a possible mental disorder. A veteran may have more than one mental disorder diagnosis and each diagnosis is entered separately in this table.

+ This row of data does not include information on PTSD from VA’s Vet Centers; nor does it include veterans who did not have a diagnosis of PTSD (ICD 309.81) but had a diagnosis of adjustment reaction.



# **VA Resources to Serve OEF/OIF Vets**

- Readjustment Counseling Centers
- Outpatient and inpatient care programs
- Poly Trauma units
- Interactive relationship with DoD
- Centers for Research and Education



# Readjustment Counseling Centers

- 207 Veteran Readjustment Counseling Centers, located in all 50 states in community settings
- Provide personal and family counseling, community outreach, and education
- 50,973 veterans provided PTSD related services in 2005; 4,190 were OIF/OEF Vets
- 100 GWOT veterans added as peer counselors over last 2 years



# VHA PTSD Treatment

- Nationwide infrastructure to care for PTSD veterans
- 190 specialized PTSD outpatient treatment programs in all 50 states
  - Includes 162 Specialized PTSD Clinical Teams for Outpatient care
- 33 specialized inpatient units; includes programs focusing on
  - Women's stress disorder
  - Cultural diversity
  - Inpatient, brief, and long term treatment
  - MST





# VHA PTSD Treatment

- 316,559 Veterans with primary or secondary diagnosis of PTSD received Rx in VHA programs in 2005
- 14,491 were OIF/OEF Veterans( 4.6% of total)



# PTSD Treatment

- OIF/OEF Registry established to track veterans who might show up for care
- Clinical reminder built to prompt clinicians to screen OIF/OEF patients for PTSD, Depression, Substance use
- OIF/OEF Coordinator at each Facility
- Women's veterans coordinator at each facility
- All Veterans screened and offered Rx for MST




# **New Programs 2004**

- Mental Illness Research, Education, and Clinical Center (MIRECC) established in Durham NC focused on Post Deployment Health for returning OIF/OEF Veterans
- New MIRECC in Denver to focus on Depression and Prevention of Suicidal Behavior



# Resources

- VHA developed the current PTSD Clinical Practice Guideline with DoD
- National Center for PTSD
  - Iraqi War Clinician Guide
  - **NEW: Two new guides on Returning from the War Zone:**
    - [A Guide for Military Personnel](#)
    - [A Guide for Families](#)

- 
- Office of Seamless Transition
  - DoD/VHA Mental Health Workgroup
  - Polytrauma Centers
    - Four established in FY2005
    - Expanding this year to one in each of the 21 VISNs
    - MH services available in Polytrauma Centers



# **Financing VHA MH Treatment 2005: \$100 million**

- **\$35 million in general funds to support established programs**
- **\$65 million in specially directed funds**
  - Readjustment Counseling Services providers
  - Returning Veterans Outreach, Education, and Care programs, at least one in each VISN
  - PTSD programs
  - Substance abuse programs



- Mental health providers in Community Based Outpatient Clinics
- Mental health providers in Polytrauma Centers
- Homeless programs
- Psychosocial Rehabilitation programs
- Compensated work therapy
- Mental Health Intensive Care Management (MHICM)



# 2006: \$200 million targeted

- Recurring funds for programs funded in FY05
- Further rollout of same programs as 2005
- In addition:
  - Psychosocial Rehabilitation and Recovery Centers
  - Family psychoeducation programs
  - Evidence-based and emerging best practices (e.g., CBT and other evidence-based psychosocial care for veterans with SMI diagnoses)
  - Self help/peer support services
  - Compensated Work Therapy for Polytrauma patients
  - Staff education for culture transformation
  - Integration of MH and Primary Care





# Treatment for Returning Veterans

- VA is ready to attend to OIF/OEF Veterans needs and has extensive resources to provide that treatment.
- When Treatment can not be provided a fee card may be given to the veteran to seek local care of their choice
- All fee care must be preauthorized
- Emergency care may be reimbursable under Mil Bill



- Provide the best possible MH care to veterans
- Be good stewards of this funding
- Financing of care also helps VA to be a resource for community MH providers by offering consultation, education, MH products, and sharing passion for this work